

PLEASE PRINT CLEARLY

Student's Name _____ Age _____ M| F|
 Address _____ Apt# _____ DOB _____
 City _____ State _____ Zip _____
 School _____ Borough _____ Grade _____
 Are you a New Student at Mind-Builders? N| Y| (#Yrs attended _____)
 Parent/Guardian _____ Cell _____
 Eve Phone _____ Day# _____
 Email address (print) _____

In case of emergency, please notify:(other than parent listed above)

Name _____ Relationship _____
 Day Phone _____ Cell/Evening Phone _____
 Family Physician _____ Phone _____
 Physician's Address _____

(Optional) In order to provide our funders with summary information about the population we serve, please check one category that best describes your racial/ethnic background and household income info:

Household size: _____ adults _____ children
 Household annual income: \$ 0-29,000 | 30,000 - 59,000 | 60,000 - 89,000 | 90,000 - over
 African-American| Latino/Hispanic| White| Asian| Caribbean/West Indian| Other|

Music	Dance/Martial Arts
Voice Musical Theater/Chorus	Dance Fundamentals Martial Arts/Karate
Violin Suzuki Violin	Ballet/Tap Fundamentals
Piano Keyboard	Mom/Dad & Me Dance Fundamentals
Guitar/Bass Music Fundamentals	African/Hip Hop Fundamentals Salsa
Sax-Flute-Clarinet Drum	Pre-Ballet/Tap Praise Dance
Group Class Private Class	Pre- Hip Hop Pre-African/Modern
Private: 30 min 45 min 60 min	Tap I-II II - III Hip Hop I II III
Free Teen Programs	African/Modern I Modern II III
Positive Youth Troupe (14 yrs +)	African II III Adult African /Modern
Folk Culture Program (14 yrs +)	Ballet I II III Hip Hop Workshop

MIND-BUILDERS CREATIVE ARTS CENTER
Location: 260 E. 207th Street • Bronx, NY 10467
Mailing: 333 E. 206th Street • Bronx, NY 10467
 Phone: (718) 652-6256 • Fax: (718) 652-7324
[Website: www.mind-builders.org](http://www.mind-builders.org)

Follow us on FaceBook at: Mind-Builders Creative Arts Center

Fall 2011-2012 Registration Form

How did you hear about Mind-Builders?

Mind-Builders programs are funded through donations from government agencies, corporate sponsors and the generous contributions of private donors like you.

Yes! I would like to volunteer for the following: _____

Yes! My company (_____) makes contributions to non-profits.

Yes! I would like to make a donation of \$ _____ towards Mind-Builders programs.

FOR OFFICE USE ONLY

Class	Day	Teacher	Time	Cost

Monthly Class Total	\$ _____
Registration Fee*	\$ _____
Recital Fee*	\$ _____
Starting Balance	\$ _____
Amount Paid	\$ _____
Balance	\$ _____

RECEIPT NUMBER _____
 METHOD OF PAYMENT _____
 REGISTRATION BY _____
 DATE _____

TO BE SIGNED BY THE PAYER

After reviewing this completed application, the payer understands and agrees with all charges.

THE PAYER ALSO UNDERSTANDS TUITION IS DUE BEFORE THE FIRST CLASS OF EACH MONTH WITHOUT REGARD TO STUDENT ABSENCE, LATENESS, HOLIDAYS, SCHOOL BREAKS, OR INCLEMENT WEATHER.

Payer's Name _____
 Relationship to student: _____
 Address: _____ Apt# _____
 City _____ State _____ Zip _____
 Cell# _____ Home# _____

 Payer's Signature _____ Date: _____

STUDENT HEALTH RECORDS (To be filled out by applicant)

IMPORTANT: Please notify Mind-Builders if this student was exposed to any communicable disease during the three weeks preceding attendance (Examples- Mumps, Chicken Pox, German Measles): **NO YES**

SIGNIFICANT HEALTH HISTORY/ CURRENT CONDITIONS

Medication(s) currently taking:

Conditions and/or Allergies which modify activity (Asthma, Seizures, Heart Conditions, Convulsions, Rheumatic Fever):

Does your child have any learning or behavior conditions (for example, ADHD, speech or hearing impaired, autism spectrum, etc.) that we should know about in order to provide an optimal learning experience?

Yes ____ No ____

If yes, please explain _____

I hereby authorize Mind-Builders’ program staff to obtain necessary emergency medical treatment for me or my child with the understanding that the student’s family will be notified as soon as possible.

(Parent Signature) _____

PHOTOGRAPH AGREEMENT

I hereby give permission for the student(s) enrolling in Mind-Builders Creative Arts Center to be photographed, filmed and/or recorded for airing, publishing or archives related to promotional, informational, educational, or historical purposes in association with Mind-Builders Creative Arts Center. Mind-Builders Creative Arts Center and any related media entities are granted these rights as indicated by my signature/initials on this application.

_____ (initial)

PAYMENT AGREEMENT

I understand that, to maintain my space in class, tuition payments are due in advance of the first class of each month, or by the date of the tuition payment plan, without regard to student absence, lateness, holidays or inclement weather. Makeup classes or credit will be arranged in the event of teacher absence or class cancellation. **Recital Production fees for dance classes are due within 30 day of starting class. I further understand that Registration and Recital Production fees are not refundable.**

I also understand that MY ACCOUNT MUST BE IN GOOD STANDING AND IN COMPLIANCE WITH THE PAYMENT PLAN in order for the student to: 1) be admitted to class; 2) pick up and keep costumes; 3) participate in recitals. **Delinquent accounts are subject to a monthly \$10 late payment fee.** I agree to adhere to the payment terms as outlined above:

_____ (initial)

Mind-Builders charge an additional \$25 for returned checks and I understand that if my check is returned for insufficient funds, I shall henceforth have to pay by money order or credit card.

_____ (initial)

I understand that **if I withdraw my child (or myself) from the class, I will be billed and liable until I officially change my enrollment status (drop, add, or transfer classes; take leave of absence) by submitting Mind-Builders’ Change of Enrollment form.**

Payer’s Signature _____ Date _____